

# **Exhibit 1**



**STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES**

**Bill J. Crouch**  
Cabinet Secretary

**Bureau for Behavioral Health  
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**Christina R. Mullins**  
Commissioner

October 18, 2019

The Honorable Frank Pallone, Jr  
Committee on Energy and Commerce  
2125 Rayburn House Office Building  
Washington, DC 20151-6115

Dear Chairman Pallone:

The West Virginia Department of Health and Human Resources Cabinet Secretary Bill J. Crouch has asked me to respond to the United States Congress, House of Representatives, Committee on Energy and Commerce's September 18, 2019 request for information regarding West Virginia's response to the opioid crisis. A narrative is provided for each question in the above noted request. Additionally, tables are included to provide additional detail where appropriate. If a table provides a portion of the answer to the question, it will be noted in the narrative response.

West Virginia (WV) is one of the states most impacted by the current opioid crisis. In 1999, WV had a lower crude rate of overdose deaths, 4.1 per 100,000 population, than the nation at 6.0 per 100,000. WV surpassed the national rate in 2001 and, in 2010, became the state with the highest rate of overdose deaths. WV continued to lead the nation in overdose deaths, with its highest rate of 53.6 recorded in 2017. The State also leads the nation in neonatal abstinence syndrome (NAS), a withdrawal syndrome associated with prenatal exposure to both illicit and prescribed drugs. In 2018, 4.9% of infants born in WV were diagnosed with NAS. Of continued concern is that 14.3% of infants were exposed to drugs (either illicit or prescribed) during the prenatal period, leaving these children at potential risk for long term negative consequences.

Since 2016, WV has received significant federal funds to address the opioid crisis in a manner that is making a difference. Positive impacts have been felt across the state as WV has increased prevention services, treatment options and recovery access. Quite simply, the federal funds at the heart of this request, have allowed WV the ability to address the opioid crisis in a holistic manner. WV has utilized these funds to improve every aspect of the Substance Use Disorder (SUD) system of care, by braiding them with state and drug settlement funds to expand the impact beyond the scope of the designated federal grants.



Energy & Commerce Response

October 18, 2019

Page 2 of 13

Though WV has made tremendous strides the response to the opioid crisis has not come without challenges. For example, the treatment infrastructure was not initially capable of meeting the rising demand for services, the local workforce was ill equipped to manage this crisis and some county entities and governments were not structured in a manner to allow them to quickly receive and manage federal funds. In developing strategies for the implementation of these federal funds, WV has worked to balance the need for immediate interventions and services with the long term need to address some of the more systemic issues that serve as an ongoing challenge to the state's response to the opioid crisis.

WV has improved its infrastructure and ability to monitor this crisis by hiring additional personnel, acquiring new data systems and improving the use of existing systems. Enhancements in this area have led to a greater understanding of the opioid crisis and its impact on individuals, families, counties and the State. These improvements in surveillance have helped WV respond to this crisis in a data informed manner allowing for more efficient and timely utilization of resources.

In the area of prevention services, WV has increased access to Naloxone, creating a statewide deployment strategy that simultaneously addresses the highest risk counties in the state, while also targeting high contact agencies and providers in other areas/counties. WV's overdose data is beginning to show improvement with a projected 6% decrease in overdose death in 2018. This is primarily due to decreases in the involvement of opioids. Harm reduction locations have been funded in high risk areas of the state to promote syringe exchange/support programs, while simultaneously allowing an access point for outreach and engagement with Peer Recovery Support Specialists (PRSS) and other treatment avenues. Prevention activities are coordinated by a robust group of Prevention Lead Organizations to implement activities at the county level in six specific regions of the state.

WV is making use of its federal and state funds to improve evidence-based treatment access to increase the numbers of both providers and residential treatment capacity. WV, a Medicaid expansion state, received a Centers for Medicare and Medicaid Services (CMS) 1115 Substance Use Disorder (SUD) Demonstration Waiver, which has increased access for Medicaid covered individuals to treatment. Services under the waiver include PRSS funding for stronger participant engagement and navigation of needed services; expansion of access to non-emergency medical transportation to and from treatment; and coverage of residential treatment services.

Since 2016, recovery services have also been increased. As noted above, PRSS have been added to the Medicaid funded system of care to increase engagement in recovery. WV has also funded a statewide chapter of the National Alliance of Recovery Residences to promote stronger, more consistent recovery housing options based on national standards. An expansion of recovery housing is in process using State funds for new additions statewide.

WV recognizes family engagement is a crucial component of recovery and is expanding programs to support families remaining together by funding residential treatment centers that accommodate mothers and their children. Additionally, the WV Department of Health and Human Resources (DHHR) initiative is seeking to identify childcare options for parents to utilize while seeking treatment.



Energy & Commerce Response

October 18, 2019

Page 3 of 13

In 2017, the WV Legislature passed the WV Drug Control Policy Act, which created the Office of Drug Control Policy (ODCP) to coordinate, support and improve the state's response to substance use issues. Governor Justice and the ODCP have convened an advisory council to create a new strategic plan which will serve as the guidance for future infrastructure, program, and service improvements for WV.

Some of the more innovative and exciting projects have involved cooperation across state agencies with differing funding streams. With the creation of the ODCP, a common vision is emerging, which is focused on cooperation and sharing of data and resources in pursuit of common goals. For example, in the criminal justice arena WV has begun to bring Medication Assisted Treatment (MAT) treatment to jails through a collaboration between different state agencies, allowing for fewer interruptions in treatment for those who become incarcerated. In addition, a 20-bed correctional unit has been established as an alternative to a court ordered prison term for individuals with SUD who choose to participate in a long-term MAT program. Further cooperation is highlighted by the development of Law Enforcement Assisted Diversion (LEAD) programs in 15 counties, which aim to divert adults with SUD from the criminal justice system to community-based treatment and recovery supports.

Quick Response Teams, which were nonexistent in the state in 2016, are now used to engage people who have recently experienced overdoses with services and supports in 20 of the highest need communities. Transportation, a long-term issue for rural states such as WV, is being addressed in ways that allow for greater access to treatment and recovery services. As a result of its federal Strategic Prevention Framework Rx grant, WV has created a website, [Help and Hope WV](#), to share resources, events, and educational information related to the drug crisis in WV. Media campaigns are being used to provide anti-stigma messaging and inform the audience of available services and programs. A 24/7/365 statewide call line, 1-844-Help4WV, is also available to help people seeking assistance access all levels of treatment and recovery.

The following summary provides an overview of how WV has made use of the noted federal funding to expand the state's response to the opioid crisis. Additionally, this response notes services and portions of the state's system of care that may have been partially or fully funded by other sources, such as state appropriations and drug settlement funds. All the services provided are being coordinated at the state level to avoid duplication and to assure the most needed services are provided in the areas with the highest need. Please note the full scope of services provided and all improvements to the overall system of care may not be fully captured in this brief summary response.

**1) *Since 2016, how much federal funding for opioid use disorder prevention, treatment, and recovery has West Virginia received?***

Since 2016, WV has received \$146,959,646 in federal funding for opioid use disorder (OUD) prevention, treatment, and recovery. Please see Table 1.

**a) *What challenges, if any, exist in deploying federal funds to local communities in an expedited manner?***

As noted previously, WV faced several challenges in the deployment of federal resources to its local communities. Some of the issues involve a lack of infrastructure at the local community level to administer federal funding appropriately and/or a lack of a qualified



Energy & Commerce Response

October 18, 2019

Page 4 of 13

workforce at the local level. To help address these issues DHHR has provided technical assistance (TA) to several entities on the state processes and federal grant requirements. This TA will continue in the future as WV works to strengthen and expand the capabilities of local and regional agencies providing services to those most in need.

Another workforce issue presenting challenges and opportunities for improvement is workforce participation. Overall, WV has one of the lowest participation rates in the workforce of any state in the nation. WV is actively working to address this issue. Governor Justice's administration has created a program, Jobs and Hope West Virginia, to help those in recovery locate employment and higher education. Transition agents are located throughout the state to help connect employed individuals with a SUD to recovery and treatment options and unemployed individuals in recovery with jobs and education.

Additionally, the state in general has a mental health professional workforce shortage. The Health Resources and Services Administration (HRSA) estimates only 16.9% of WV's mental health professional need is being met, which has a direct impact on the state's ability to expand treatment and prevention. WV DHHR has provided funding to train over 700 professionals and peer recovery coaches on effective MAT practices, with a focus on pregnant and postpartum women, opioid overdose survivors and hospital emergency departments. With State Opioid Response Grant (SOR) funding, WV has worked with the three medical schools in the state to broaden their curriculum and professional development to expand the clinical workforce in the state. In addition, in order to compliment the work of the medical schools, WV created a state funded Statewide Therapist Loan Repayment (STLR) program. STLR will repay a portion of eligible student loan expenses in exchange for a 2-year SUD service obligation at a qualified facility in WV. Initial response to this program is demonstrating that, given an opportunity, people want to stay in WV to address the drug crisis.

In order to effectively and efficiently respond to the opioid crisis, additional workforce was also needed by key state agencies. Challenges often exist in staffing new initiatives in a timely manner. Due to the urgent nature of addressing opioid use and its outcomes, direct assistance from federal partners, especially the Centers for Disease Control and Prevention (CDC), has been extremely beneficial to facilitate quickly staffing initiatives while allowing the state to work on internal hiring. Examples of federal funds addressing this barrier include the CDC PDO: PFS grant, which supports the Board of Pharmacy (BOP) data analytical team and includes the first two epidemiologists ever hired by the BOP in order to increase the use of Prescription Drug Monitoring Program (PDMP) data. Additionally, the SOR funding has allowed for employing additional DHHR Bureau for Behavioral Health (BBH) personnel to ensure coordination across prevention and treatment activities, effectively doubling the workforce of the Single State Authority (SSA).

Internal processes at the state level can cause delays as the required steps to complete purchasing contracts and grant agreements may not always allow for rapid deployment of funding to the local and regional level. WV, however, has developed a system to allocate grant funds and contracts in a manner that moves as expeditiously as possible while simultaneously assuring federal grant guidelines are adhered to and followed for the duration of the funding period. In fact, during the most recent SAMHSA site review for the SOR grant program, the reviewing staff were very complimentary of the WV DHHR grant process and the completeness of grant agreements.



Energy & Commerce Response

October 18, 2019

Page 5 of 13

**b) To date, how much of this federal funding has your state used or allocated? Please provide a list of each funding recipient, the purpose for allocating money to them (e.g. prevention, treatment, etc.), and the amount that has been allocated to them.**

As of October 9, 2019, WV has used/allocated \$65,772,093 (see Table 1). Table 2 provides a summary of entities receiving funding, the purpose for their allocation and the amount of funding allocated to each entity. Please note the total amount allocated/encumbered is constantly changing as new programs begin.

**c) If your state has not used the entirety of federally allocated funding, please explain why.**

WV has not fully allocated all its resources at the time of this response. It cannot be stressed enough that the federal resources provided to WV represent a significant increase in SUD funding and have allowed for a much-needed upgrade to the SUD system of care. During the funding increase, WV also initiated a CMS 1115 SUD Waiver, further changing the environment of the treatment landscape. Like all change, this expansion and upgrade has helped WV identify areas of opportunity for improvement. Personnel were needed at the state level to manage programs and the vision for services, as well as at the local level for direct service provision. The addition of qualified personnel takes time; however, this growth has been realized in large part and is already making a difference in the oversight, provision and delivery of the necessary programs.

Additionally, it is important to note that a significant portion of the total amount has only recently been received by the state as FFY2019 funds or is currently in budget negotiations with the federal partner. It has been extremely helpful to WV's response that carryover requests and no-cost extensions have been granted regarding these funds, allowing WV to complete projects that may be necessary but could not have been considered otherwise. Finally, the State takes seriously its obligation to get its share of federal funding out to service providers both quickly responsibly.

**2) Please describe how your state determines which local government entities (i.e. counties, cities and towns) receive federal grant funding to address the opioid crisis. Specifically, please identify localities impacted most by the opioid epidemic in your state, and include the total amount allocated to each locality, as well as the factors your state considers in distributing these funds.**

Please see Table 3, which reflects the counties that had the highest need/burden and illustrates the amounts allocated to those counties and the communities within them. It is important to note not all counties in WV have the same ability and infrastructure in place to receive funding in order to address their existing level of need. Some programs have been strategically funded in a regional manner to allow for staffing and expertise from one county to benefit others.

WV is a state in great need of support in addressing the opioid crisis. Every county and every community have been impacted by this issue. As such, some level of funding has been provided to every county in the state. There are 55 counties in WV with a large



Energy & Commerce Response  
 October 18, 2019  
 Page 6 of 13

variation in population by county. The smallest has only 5830 people, while the largest has a population of 180,454. DHHR funds state-wide behavioral health infrastructure for prevention via six Prevention Lead Organizations (PLOs) to provide and build prevention infrastructure and activities, including the funding of county coalitions. Treatment is tasked to 13 regional Comprehensive Behavioral Health Centers (CBHC), which serve as the public behavioral health centers in the state. Funding has been awarded to all PLOs and CBHCs to increase capacity and enhance infrastructure to respond to the drug crisis. Additionally, each county has been represented as a locality on projects that have gone through a competitive application process.

One factor in determining which localities receive funding is a response to the guidance of the specific funder and funding source. This is combined with a need to balance statewide needs and oversight with local needs and service capacity. For example, in response to one federal grant, state-level stakeholders assembled and developed a strategy to expand WV's existing partnership with the U.S. Drug Enforcement Administration (DEA) to address prescription drug control in the state. This strategy includes the formation of an assessment team to determine appropriate responses to enforcement actions. Local Health Departments have credibility with both local and state-level stakeholders, as well as surveillance and evaluation capacity. DHHR has been working with local health departments to disseminate analyses of prescribing and overdose trends. The local health departments are also jurisdictionally positioned throughout the state to perform the contractual services. This is being leveraged for two major strategies, the implementation of Quick Response Teams (QRTs) and harm reduction programs.

Similar to the example above, some of the initiatives funded under the federal grants noted in this response are for statewide services and benefits. Table 3 identifies only the funding provided to specific communities, at the county level. This table illustrates 27% of the county level funding was allocated to the top eleven (11) burdened counties. Further, 51% of this funding was allocated to the top twenty-two (22) burdened counties.

DHHR uses both a purchasing process and a competitive Announcement of Funding Availability (AFA) process to determine which local government entities receive federal funding, with prioritization given to specific areas of need/personnel in agencies to develop programs.

- 3) ***Please describe how your state determines which non-governmental organizations (i.e. non-profits, treatment centers, or other entities) receive federal grant funding to address the opioid crisis. Specifically, please identify the non-governmental organizations that have received funds in your state, and include the total amount allocated to each entity, as well as the factors your state considers in distributing these funds.***

Table 4 lists each non-governmental funding recipient and the total amount allocated to each entity. The DHHR awards grants to outside entities to perform an assortment of programmatic functions or activities funded with federal and state sources. While there are slight variations within and between agencies, they follow the same overall guidelines. The DHHR BBH process is provided as one example.



Energy & Commerce Response

October 18, 2019

Page 7 of 13

BBH releases an AFA through an established public announcement process, which includes both group e-mails and website postings. AFA's note the services to be provided, the geographic location for those services, the budget limits, grant expectations/requirements, and requests a proposal for the delivery of the specified services. After a public application period, all grant applications are reviewed using an independent proposal review team. Proposals are scored based upon the content of the proposal. Based upon the results of the review, funding recommendations are provided to DHHR leadership for consideration and final decision.

In consideration of programmatic awards, WV looks at past performance of programmatic applicants, ability to provide required activities, ability to provide services in the needed geographic location(s) and ability to manage federal funds per required guidance.

In some instances, DHHR may direct award agencies for specific programs. In these cases, the agencies selected are the only providers eligible for this service. These awards may be in the form of a grant award or a purchase contract. An example of this type of process would be a contract with a data platform provider that is the sole source provider of an eligible software solution.

- 4) *Do federally appropriated funds to address the opioid crisis provide your state with the flexibility to focus on the hardest hit regions or localities? Please describe how, if at all, this flexibility has helped West Virginia in using funds to target vulnerable populations or at-risk areas. If no, please explain what additional flexibility should be considered in your state address the hardest hit regions or localities.***

Yes, the funding provided has largely allowed WV the flexibility to focus on the hardest hit regions and/or localities while providing the ability to address statewide needs that will benefit all West Virginians. One of the more important aspects of this funding regarding flexibility is the provision of surveillance support, in the funding of both personnel and data platforms. In a state where every county and community can make the case for a need, being able to have a data informed approach to identify the areas of greatest need and the gaps in services in those areas has enhanced the efficiency of WV's own targeted response.

As a result, DHHR has been able to identify "hot spots" and high burden areas. The federal funds provided through the Public Health Crisis Response grant presented an opportunity to assess the local jurisdictions that were the hardest hit regions. Through these assessments WV has enhanced its ability to deploy funds to agencies working closely with targeted vulnerable populations and/or at-risk areas.

While the funding allows appropriate flexibility to address OUD, the restriction to OUD strategies limits the ability to be flexible in responding to emerging polysubstance use issues. Currently these activities are being funded via other mechanisms, but additional flexibility would allow for streamlining processes. Overall, overdose deaths with opioid prescription involvement have been declining, and 2018 will be the first year since 2014 there has not been an increase in overdose deaths associated with fentanyl. The same, however, cannot be said for overdose deaths that involve psychostimulants. For example, in 2014, 3% of overdose deaths involved methamphetamine. In 2018, 36% of overdose deaths involved methamphetamine.



Energy & Commerce Response

October 18, 2019

Page 8 of 13

**5) *In what ways, specifically, have federal funds extended to West Virginia helped change your state's treatment system and/or led to a reduction in opioid overdoses?***

In many ways, WV's treatment system has been completely overhauled in response to the opioid crisis and much of the positive work to date has occurred with or been made possible as a direct result of the federal funds awarded since 2016. Again, it would be impossible to discuss all the impacts of the federal funding at the center of this request without also reiterating that WV was approved for a CMS 1115 SUD Demonstration Project. This expansion of Medicaid covered services for SUD treatment and strengthened peer services, while federal funding was being increased to address the opioid crisis. These facets have been combined to help WV provide the most effective service array for those most in need. While a number of those seeking treatment are Medicaid recipients, many others are ineligible due to income. These individuals were unable to seek treatment due to high costs and, with this in mind, WV has created a program to assist these individuals in payment for treatment if their income level is below a specified threshold.

WV has increased evidence-based treatment options. Through drug settlement funding WV has added over 200 new treatment beds, with an additional 350 still under development. In response to the SUD Waiver, another 133 beds have been made available for residential treatment. Further, the federal funding received has allowed WV to expand access to clinically appropriate, evidence-based practices for out-patient treatment. In 2017, WV had 243 DATA Waivered providers but as of October 2019 the total has risen to 584. This is a 140% increase in the number of providers that can prescribe buprenorphine. Even at only 30 patients per provider (the federal limit) this means the state has expanded its capacity to treat an additional 10,230 people with OUD.

WV's PDMP authority, the BOP, and the WV Violence and Injury Prevention Program within DHHR have increased their capacity to analyze and use PDMP data for public health surveillance by embedding BOP staff in DHHR. One consequence of this work is that WV's PDMP has instituted unsolicited reporting of high prescribing activity and both fatal and non-fatal overdoses, becoming the first state to offer non-fatal overdose alerts/reports in its PDMP.

There has been a 35% decrease in both opioid prescriptions and opioid doses dispensed from 2014-2018. Additionally, Naloxone prescribing has increased 140% from 2017 to 2018 and continues to show increases. These efforts combined have yielded an overdose rate that, while still high, is decreasing. These funds are allowing services to quite literally save lives and build pathways to recovery.

Funding from the SPF RX and Substance Abuse Prevention and Treatment Block grant sponsor drug take back activities to decrease potential diversion. Two drug take back days occurred during the past year, with thirteen counties participating. A total of 296.7 pounds (lbs.) of medication were collected during these events. An additional 539.2 lbs. of medications have been collected at permanent drop boxes. Additionally, over 5,000 Drug Deactivation Kits have been distributed as part of this activity. It is important to note not all medications were controlled substances.



Energy & Commerce Response

October 18, 2019

Page 9 of 13

Engagement activities as a pathway to treatment have also been expanded. The SOR funds have allowed PRSS to be located in regional jails, emergency departments, harm reduction programs, college campuses and non-profit agencies. There are currently 274 PRSS's certified by Medicaid located throughout the state. As an example of the impact of the PRSS staff, approximately 3,340 individuals received peer support services between May 2018 and April 2019.

As WV is one of the most rural states in the nation, with a lack of mass transit options for many residents, transportation has long been a significant barrier in access to treatment and recovery services. Several strategies have been employed to address this barrier. The 1115 SUD Waiver allows Medicaid funded transportation to treatment via the non-emergency medical transportation provider. Additionally, with SOR funding, WV has partnered with the WV Public Transit Authority to offer after hours transportation and expanded route access to cover more rural areas specifically to assist individuals in accessing treatment and recovery services.

**6) *What performance measures is West Virginia using to monitor the impact of federal funds for opioid use disorder and other substance use disorder treatment?***

WV monitors many data points associated with the opioid crisis to measure progress towards its resolution. WV implemented NAS and Intrauterine Substance Exposure (IUSE) surveillance in October 2016 to ensure timely data to inform decisions and track progress. During this time there were no increases in NAS or IUSE in the state. While a decrease would be preferable, the prevention of increases in NAS and IUSE exposure is noteworthy.

One of the most common outcomes tracked is overdose deaths. As mentioned previously, the projected number of overdose deaths in 2018 is lower than 2017, giving hope that WV is making progress in the expansion of treatment and resources. An internal monthly update of overdose deaths is provided to key leadership for monitoring and early identification changes at the county level. In addition to monitoring fatal overdoses, DHHR conducts monthly surveillance activities on nonfatal overdoses and the number of waived doctors to assess the impact of workforce development activities. Metrics associated with the harm reduction programs in WV can be found at [https://oeps.wv.gov/harm\\_reduction/pages/default.aspx](https://oeps.wv.gov/harm_reduction/pages/default.aspx).

In addition to the surveillance activities conducted by DHHR, the BOP does a monthly surveillance report of key data points that can be found at <https://dhhr.wv.gov/vip/county-reports/Pages/2019.aspx>. The ODCP is also in the process of establishing a public facing dashboard to make this data more accessible in one location. This is just a sample of the items the state monitors as outcome measures, both large and small.

DHHR also requires every funded program to have performance measures associated with each grant agreement. Performance measures vary per program but, in the case of programs funded via federal sources, the goals and performance measures relate back to the overarching goals of the federal grant. For example, every SOR funded grant operates under the same three outcome measures: increasing access to medication-assisted treatment using the three FDA-approved medications for the treatment of opioid use disorder, reducing unmet treatment need, and reducing opioid overdose related deaths



Energy & Commerce Response

October 18, 2019

Page 10 of 13

through the provision of prevention, treatment and recovery activities for opioid use disorder. Not every funded project will meet all three areas of focus; however, these overarching outcome measures direct the focus of the grant activities.

Other funded programs may have more specific outcome expectations, such as the creation of a needs assessment or a strategic plan such as noted in the Prevention Framework for Prescription Drugs grants. Other grants may be more focused on direct client services and measure how many individuals initiate and sustain recovery, such as the peer recovery support specialist grants funded under STR.

A more detailed summary of all outcome measures is available upon request.

- 7) ***According to the Substance Abuse and Mental Health Services Administration, State Targeted Response to the Opioid Crisis (STR) Grants provide funding to states to: (1) conduct needs assessments and strategic plans; (2) identify gaps and resources to build on existing substance use disorder prevention and treatment activities; (3) implement and expand access to clinically appropriate, evidence-based practices for treatment – particularly for the use of medication-assisted treatment (MAT) and recovery support services; and (4) advance coordination with other federal efforts for substance misuse prevention.***

- a) ***Has your state conducted a needs assessment and strategic plan? If yes, please describe that plan.***

Per the STR grant, WV completed both a strategic plan and a needs assessment. Due to a state moratorium on Opioid Treatment Programs (OTP), the only programs allowed to prescribe methadone in WV, the plan focused on other evidence-based strategies to increase access to MAT throughout the state. These activities included promoting and expanding the Comprehensive Opioid Addiction Treatment (COAT) model (a Hub and Spoke model for MAT), increasing the number of DATA-Waived practitioners and use of the ECHO model for MAT (linking expert specialist teams at an academic 'hub' with primary care clinicians in local communities) to access treatment experts. Additional activities were identified to enhance capacity associated with special populations. These included: increasing treatment for pregnant and post-partum women; people in jails and those newly released from the correctional system; people experiencing homelessness; and increasing harm reduction programs to support services for individuals that inject drugs.

Another focus was to increase peer recovery support services in the state. The plan outlined a multi prong approach that included training and funding organizations to hire PRSS's in multiple settings, including correctional systems. When the plan was written, DHHR knew the state's treatment landscape would be undergoing changes over the next few years. In response to the anticipated change, the plan also addressed the need to coordinate across bureaus within DHHR and across external agencies. The ODCP is in the process of updating a statewide strategic plan to address SUD. This strategic plan will build from the previous work as described above to create a strategy that will streamline coordination in the state and guide funding decisions as WV continues to grow its response to the opioid crisis.



Energy & Commerce Response

October 18, 2019

Page 11 of 13

**b) *Has your state identified gaps and resources to build on existing substance use disorder prevention and treatment activities? If yes, please describe those findings.***

The State actively and continuously identifies gaps and resources to inform strategies and direct funding to communities. The increased funding to WV quickly resulted in the identification of one its biggest gaps – the State's workforce shortage, as mentioned earlier in the challenges section. In order to effectively and efficiently respond to the opioid crisis additional workforce was needed by key state and community agencies. In addition to the workforce shortages at the state level to manage the response to the opioid crisis, the State in general has a mental health professional workforce shortage. This has direct impact on the ability to expand treatment and prevention in the state. DHHR's Bureau for Behavioral Health has addressed this by leveraging multiple federal grants, including STR and SOR, to expand access to existing professionals via telehealth options, which included growth of hub and spoke models (STR funding allowed expansion to an additional 14 facilities) and funding ECHO for MAT support. The BBH has also funded workforce development initiatives to increase the number of DATA waived doctors to increase access to buprenorphine. The BBH is also working with the medical schools in the state to establish pipelines for future workforce and has started the STLR program. The BBH is working to ensure the state is not only reactive to the current behavioral health crisis, but proactive in ensuring that mental health is a priority.

One of the largest identified gaps in treatment was in the correctional system. Of the people that died from an overdose in 2016, 56% were previously incarcerated at some point in their past. WV has some unique laws that limit who can participate in diversion programs. As a result, the BBH and Department of Military Affairs and Public Safety (DMAPS) worked together to implement a residential substance use treatment program (RSAT) in one of the State's regional jails by leveraging STR funding.

WV leads the nation in NAS, illustrating the need for increased treatment for pregnant women, which was identified as an area of high need in the STR strategic plan. The WV Perinatal Partnership, using funding from DHHR and the Claude Worthington Benedum Foundation, started a wrap-around, comprehensive treatment program in 2012 for pregnant women called the Drug Free Mom and Babies Program. Initial evaluation results were promising, and the program has since been expanded from the original four sites to 11 additional sites, for a total of 15 sites, with STR funding leading the expansion. This expansion is also a prime example of collaboration across multiple funding streams, including multiple federal grants (Maternal and Child Health Title V Block grant, SAMHSA's Substance Abuse Block Grant and STR), state dollars, and private sector funding to address the need for treatment for pregnant women. It is important to note there are only 24 birthing facilities in the state. This expansion means there is now a program in the catchment area of 63% of the 'birthing facilities. As an example of the work being done in these programs, please note the video located on the Perinatal Partnership website: <https://wvperinatal.org/initiatives/substance-use-during-pregnancy/drug-free-moms-and-babies-project/>.



Energy & Commerce Response

October 18, 2019

Page 12 of 13

- c) *Has your state implemented and expanded access to clinically appropriate, evidence-based practices for treatment – particularly for the use of MAT and recovery support services? If yes, please describe how you have done so.***

The federal funding has allowed WV to expand access to clinically appropriate, evidence-based practices for treatment. In 2017, WV had 243 DATA Waivered providers but as of October 2019 the state has 584 waived doctors. This is a 140% increase in the number of providers that can prescribe buprenorphine. Even at only 30 patients per provider this means the state has expanded the capacity to treat an additional 10,230 people with OUD.

Beyond federal funding sources, WV has also been able to coordinate and integrate other sources of funding, such as state and drug settlement funding. WV has created an appropriations fund to receive state opioid settlements, known as the Ryan Brown Fund. These funds have been utilized to expand treatment capacity through the construction and renovation of new residential treatment and recovery support services. Treatment expansion has targeted all American Society of Addiction Medicine (ASAM) levels of care and has been designed to allow for increased accessibility no matter what region of the state someone may reside in. When completed, this expansion will more than double the 2016 residential treatment beds, allowing for greater access to clinically appropriate treatment models, specifically, MAT.

WV has funded recovery housing for many years utilizing SABG and state funds. With the growth in treatment access, WV is looking to other funds to expand recovery housing in the near future. Expansion of recovery services will be targeted to all pathways of recovery, increasing the availability of MAT friendly recovery housing.

- d) *Has your state advanced coordination with other federal efforts for substance use disorder prevention? If yes, please describe how.***

One of the less discussed impacts of the federal funding received by WV since 2016 to address the opioid crisis is that state agencies and providers have been working together across funding streams and across traditional areas of focus more than ever before. With the creation of the ODCP, a common vision is emerging to not only improve the response to the current crisis, but to better position WV in response to future cross-system issues and needs. DHHR is a large agency that requires ongoing coordination between its Bureaus. The ODCP facilitates a weekly meeting attended by the DHHR Cabinet Secretary, Deputy Secretary and all its Bureau Commissioners to discuss cross cutting grant projects and emerging issues.

Additionally, WV has a Prevention First Network that includes state, regional and local leaders who contribute to prevention planning and coordination activities in the state, including the information and resources shared on Help and Hope WV and Stigma Free WV. DHHR funds the six Regional Prevention Lead Organizations (PLOs) and community coalitions through multiple federal SAMHSA grants. Several of these agencies also receive funds from SAMHSA's Drug Free Community (DFC), HRSA, and other grants from federal, State, regional foundations and local agencies.



Energy & Commerce Response

October 18, 2019

Page 13 of 13

- 8) ***What additional resources would be most helpful to provide to communities struggling with opioid and other substance use disorders, including prevention and/or treatment options?***

WV has found over the years that the drug crisis is constantly evolving. The state must be able to address the current nature of the crisis. This requires flexibility in the State's response. For example, as noted above, while opioid overdose rates have begun to drop, overdose rates involving methamphetamines have risen sharply. Funding flexibility to allow states to address emerging issues before they develop into the next crisis will enable states to better coordinate their response and utilize the broader SUD system of care in the most effective manner. The State also recognizes the antecedents of the SUD crisis has many roots, some of which lie in the realm of socio-determinants of health and prior trauma. While prevention activities can address some of these needs, the ability to fully embrace programming directly tied to these issues would also benefit the state and save more lives.

For any follow up questions regarding this information please contact me at [Christina.R.Mullins@wv.gov](mailto:Christina.R.Mullins@wv.gov) or 304-356-4771.

Sincerely,



Christina R. Mullins

Commissioner

DHHR's Bureau for Behavioral Health

cc: Jim Justice, Governor  
Bill J. Crouch, WVDHHR Cabinet Secretary



Table 1			
Grant	Year	Amount Awarded	Amount Encumbered/Allocated
Enhanced State Surveillance of Opioid-Involved Morbidity and Mortality	FFY2016	\$318,194	\$69,506
Enhanced State Surveillance of Opioid-Involved Morbidity and Mortality	FFY2017	\$445,472	\$204,281
Enhanced State Surveillance of Opioid-Involved Morbidity and Mortality	FFY2018	\$653,277	\$307,156
Overdose Data to Action	FFY2019	\$7,357,338	\$12,341
Prescription Drug Overdose Prevention for West Virginia	FFY2016	\$1,331,985	\$1,002,319
Prescription Drug Overdose Prevention for West Virginia	FFY2017	\$2,217,897	\$2,176,505
Prescription Drug Overdose Prevention for West Virginia	FFY2018	\$2,217,897	\$1,912,397
Public Health Emergency Response - Cooperative Agreement to Emergency Response - Public Health Crisis Response	FFY2018	\$3,654,254	\$2,896,599
Expansion of Naloxone Distribution to EMS Agencies and WV State Police and High Risk Selected Communities Pilot Prevention Programs	FFY2018	\$1,567,184	\$1,806
Comprehensive Abuse Site-based Program	FFY2019	\$920,308	\$0
Emergency Department Surveillance of Nonfatal Suicide-Related Outcomes	FFY2019	\$146,985	\$0
Public Health Emergency Response - Cooperative Agreement to Emergency Response - Public Health Crisis Response	FFY2018	(in-kind) \$3,611,466	\$0.00
WV PDO Grant Contribution	FFY2016	\$250,430	\$250,429
WV PDO Grant Contribution	FFY2017	\$692,000	\$677,605
WV PDO Grant Contribution	FFY2018	\$446,120	\$394,468
WV PDO Grant Contribution	FFY2019	\$429,812	\$4,616
Substance Abuse Prevention & Treatment Block Grant	FFY2016	\$8,432,680	\$7,371,089

WVDHHR/Energy and Commerce Response

Table One

1



Table 1			
Grant	Year	Amount Awarded	Amount Encumbered/Allocated
Substance Abuse Prevention & Treatment Block Grant	FFY2017	\$8,432,779	\$7,849,437
Substance Abuse Prevention & Treatment Block Grant	FFY2018	\$8,698,568	\$8,102,046
Substance Abuse Prevention & Treatment Block Grant	FFY2019	\$8,433,974	\$149,102
State Targeted Response to the Opioid Crisis Grants	FFY2017	\$2,501,748	\$2,390,024
State Targeted Response to the Opioid Crisis Grants	FFY2018	\$9,262,218	\$8,032,545
WV Strategic Prevention Framework for Prescription Drug	FFY2016	\$157,251	\$157,251
WV Strategic Prevention Framework for Prescription Drug	FFY2017	\$510,028	\$509,848
WV Strategic Prevention Framework for Prescription Drug	FFY2018	\$470,324	\$461,488
WV Strategic Prevention Framework for Prescription Drug	FFY2019	\$369,237	\$0
State Opioid Response Grant	FFY2018	\$42,657,872	\$15,216,953
State Opioid Response Grant	FFY2019	\$28,027,511	\$0
Strategic Prevention Framework-Partnerships for Success	FFY2016	\$1,788,571	\$1,490,119
Strategic Prevention Framework-Partnerships for Success	FFY2017	\$2,057,302	\$1,700,794
Strategic Prevention Framework-Partnerships for Success	FFY2018	\$2,260,000	\$2,180,940
WV PDO Grant Contribution	FFY2016	\$250,430	\$250,429
<b>Totals</b>		<b>\$146,959,646</b>	<b>\$65,772,093</b>



Table 2					
Grant Name/ Year	Short Title	Grantee Grant Number	Funding Recipient (Subgrantee)	Purpose for Allocation Prevention/Treatment/Recovery	Amount Allocated
PRESCRIPTION DRUG OPIOID OVERDOSE	PDOO	G180789	Community Connections	Prevention	\$93,468
PRESCRIPTION DRUG OPIOID OVERDOSE	PDOO	G180790	Marshall University Research Corp.	Prevention	\$96,117
PRESCRIPTION DRUG OPIOID OVERDOSE	PDOO	G180791	Potomac Highlands	Prevention	\$48,468
PRESCRIPTION DRUG OPIOID OVERDOSE	PDOO	G180794	Pretera Center	Prevention	\$5,239
PRESCRIPTION DRUG OPIOID OVERDOSE	PDOO	G190845	The University of Charleston	Prevention	\$209,186
PRESCRIPTION DRUG OPIOID OVERDOSE	PDOO	G180793	Westbrook Health Services	Prevention	\$22,853
PRESCRIPTION DRUG OPIOID OVERDOSE	PDOO	G160811	West Virginia University Research Corp.	Prevention	\$153,000
PRESCRIPTION DRUG OPIOID OVERDOSE	PDOO	G170741	West Virginia University Research Corp.	Prevention	\$96,225
PRESCRIPTION DRUG OPIOID OVERDOSE	PDOO	G180503	West Virginia University Research Corp.	Prevention	\$154,679
PRESCRIPTION DRUG OPIOID OVERDOSE	PDOO	G180713	West Virginia University Research Corp.	Prevention	\$165,869
PRESCRIPTION DRUG OPIOID OVERDOSE	PDOO	G190350	West Virginia University Research Corp.	Prevention	\$129,493
PRESCRIPTION DRUG OPIOID OVERDOSE	PDOO	G180817	WV School of Osteopathic Medicine	Prevention	\$41,604
PRESCRIPTION DRUG OPIOID OVERDOSE	PDOO	G190698	WV School of Osteopathic Medicine	Prevention	\$23,638
PREVENTION FRAMEWORK PRESCRIPTION DRUGS	PFPD	G170880	Community Access	Prevention	\$26,528
PREVENTION FRAMEWORK PRESCRIPTION DRUGS	PFPD	G180055	Community Access	Prevention	\$98,418
PREVENTION FRAMEWORK PRESCRIPTION DRUGS	PFPD	G190361	Community Access	Prevention	\$114,431
PREVENTION FRAMEWORK PRESCRIPTION DRUGS	PFPD	G170872	Community Connections	Prevention	\$21,550
PREVENTION FRAMEWORK PRESCRIPTION DRUGS	PFPD	G180057	Community Connections	Prevention	\$44,000
PREVENTION FRAMEWORK PRESCRIPTION DRUGS	PFPD	G190362	Community Connections	Prevention	\$126,038
PREVENTION FRAMEWORK PRESCRIPTION DRUGS	PFPD	G170873	Harrison County FRN	Prevention	\$8,065
PREVENTION FRAMEWORK PRESCRIPTION DRUGS	PFPD	G180078	Harrison County FRN	Prevention	\$44,000
PREVENTION FRAMEWORK PRESCRIPTION DRUGS	PFPD	G190363	Harrison County FRN	Prevention	\$21,550
PREVENTION FRAMEWORK PRESCRIPTION DRUGS	PFPD	G180683	Marshall University Research Corp.	Prevention	\$93,500
PREVENTION FRAMEWORK PRESCRIPTION DRUGS	PFPD	G190364	Marshall University Research Corp.	Prevention	\$113,269
PREVENTION FRAMEWORK PRESCRIPTION DRUGS	PFPD	G170869	Potomac Highlands	Prevention	\$21,550
PREVENTION FRAMEWORK PRESCRIPTION DRUGS	PFPD	G180050	Potomac Highlands	Prevention	\$44,000
PREVENTION FRAMEWORK PRESCRIPTION DRUGS	PFPD	G190358	Potomac Highlands	Prevention	\$21,550
PREVENTION FRAMEWORK PRESCRIPTION DRUGS	PFPD	G170870	Pretera Center	Prevention	\$15,000
PREVENTION FRAMEWORK PRESCRIPTION DRUGS	PFPD	G180051	Pretera Center	Prevention	\$76,406
PREVENTION FRAMEWORK PRESCRIPTION DRUGS	PFPD	G190359	Pretera Center	Prevention	\$21,550
PREVENTION FRAMEWORK PRESCRIPTION DRUGS	PFPD	G170871	Westbrook Health Services	Prevention	\$21,550
PREVENTION FRAMEWORK PRESCRIPTION DRUGS	PFPD	G180053	Westbrook Health Services	Prevention	\$44,000
PREVENTION FRAMEWORK PRESCRIPTION DRUGS	PFPD	G190360	Westbrook Health Services	Prevention	\$21,550
PREVENTION FRAMEWORK PRESCRIPTION DRUGS	PFPD	G170881	WV Medical Professional Health Program	Prevention	\$20,000
PREVENTION FRAMEWORK PRESCRIPTION DRUGS	PFPD	G180088	WV Medical Professional Health Program	Prevention	\$20,000
PREVENTION FRAMEWORK PRESCRIPTION DRUGS	PFPD	G170874	Youth Services System	Prevention	\$21,550
PREVENTION FRAMEWORK PRESCRIPTION DRUGS	PFPD	G180079	Youth Services System	Prevention	\$44,000
PREVENTION FRAMEWORK PRESCRIPTION DRUGS	PFPD	G190365	Youth Services System	Prevention	\$21,550
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G170538	Community Connections	Prevention	\$384,731
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G180533	Community Connections	Prevention	\$352,231



Table 2					
Grant Name/ Year	Short Title	Grantee Grant Number	Funding Recipient (SubGrantee)	Purpose for Allocation Prevention/Treatment/Recovery	Amount Allocated
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G190448	Community Connections	Prevention	\$396,482
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G170600	FMRS	Treatment	\$867,017
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G180506	FMRS	Treatment	\$862,457
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G190519	FMRS	Treatment	\$280,000
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G190555	FMRS	Recovery	\$670,000
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G170539	Harrison County FRN	Prevention	\$364,107
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G180534	Harrison County FRN	Prevention	\$364,107
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G190449	Harrison County FRN	Prevention	\$433,485
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G170602	Healthways	Treatment	\$532,809
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G180504	Healthways	Treatment	\$637,500
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G190554	Healthways	Treatment	\$318,750
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G170599	Logan Mingo Area Mental Health	Recovery	\$441,461
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G180507	Logan Mingo Area Mental Health	Treatment	\$437,754
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G190556	Logan Mingo Area Mental Health	Treatment	\$221,875
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G170588	Mid Ohio Valley Fellowship Home	Recovery	\$85,000
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G180519	Mid Ohio Valley Fellowship Home	Recovery	\$85,000
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G190565	Mid Ohio Valley Fellowship Home	Recovery	\$85,000
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G190543	Oxford house	Recovery	\$127,500
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G170535	Potomac Highlands	Prevention	\$222,840
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G170598	Potomac Highlands	Treatment	\$115,634
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G180508	Potomac Highlands	Treatment	\$249,393
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G180530	Potomac Highlands	Prevention	\$200,213
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G190520	Potomac Highlands	Treatment	\$280,000
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G190445	Potomac Highlands	Prevention	\$282,966
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G170597	Prestera Center	Treatment	\$745,822
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G170536	Prestera Center	Prevention	\$393,655
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G180509	Prestera Center	Recovery	\$908,540
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G180531	Prestera Center	Prevention	\$263,015
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G190501	Prestera Center	Treatment	\$280,000
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G190446	Prestera Center	Prevention	\$506,478
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G190557	Prestera Center	Recovery	\$365,000
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G170583	Rea of Hope	Recovery	\$170,000
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G180522	Rea of Hope	Recovery	\$170,000
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G190568	Rea of Hope	Recovery	\$170,000
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G170489	Religious Coalition for Community Renewal	Recovery	\$121,704
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G180524	Religious Coalition for Community Renewal	Recovery	\$129,090
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G190570	Religious Coalition for Community Renewal	Recovery	\$142,488
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G170595	Southern Highlands Comm MH Center	Treatment	\$443,751
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G180511	Southern Highlands Comm MH Center	Treatment	\$736,820
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G190558	Southern Highlands Comm MH Center	Treatment	\$421,875



Table 2					
Grant Name/ Year	Short Title	Grantee Grant Number	Funding Recipient (SubGrantee)	Purpose for Allocation Prevention/Treatment/Recovery	Amount Allocated
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G170594	United Summit Center Inc	Treatment	\$164,778
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G180512	United Summit Center Inc	Treatment	\$280,000
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G190559	United Summit Center Inc	Treatment	\$200,000
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G190521	United Summit Center Inc	Treatment	\$280,000
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G170593	Valley Comprehensive Comm MHC Inc	Recovery	\$443,751
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G180619	Valley Comprehensive Comm MHC Inc	Recovery	\$105,000
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G180513	Valley Comprehensive Comm MHC Inc	Treatment	\$443,751
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G190560	Valley Comprehensive Comm MHC Inc	Treatment	\$526,875
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G170537	Westbrook Health Services	Prevention	\$168,599
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G170592	Westbrook Health Services	Prevention	\$965,387
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G180515	Westbrook Health Services	Prevention	\$1,033,751
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G180532	Westbrook Health Services	Treatment	\$147,394
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G190447	Westbrook Health Services	Prevention	\$187,967
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G190522	Westbrook Health Services	Prevention	\$280,000
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G190561	Westbrook Health Services	Treatment	\$576,875
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G170700	WV Dept of Education	Prevention	\$30,000
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G170540	Youth Services System	Prevention	\$115,278
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G170579	Youth Services System	Treatment	\$280,000
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G180528	Youth Services System	Treatment	\$280,000
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G180535	Youth Services System	Prevention	\$105,278
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G190450	Youth Services System	Prevention	\$132,624
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G190524	Youth Services System	Treatment	\$280,000
STATE OPIOID RESPONSE GRANT	SORG	G200503	CAMC Health Education & Research Inst	Treatment	\$135,188
STATE OPIOID RESPONSE GRANT	SORG	G200515	Chesapeake Healthcare Center LLC	Treatment	\$105,953
STATE OPIOID RESPONSE GRANT	SORG	G190691	Community Access	Surveillance	\$99,870
STATE OPIOID RESPONSE GRANT	SORG	G190736	Community Connections	Prevention	\$336,509
STATE OPIOID RESPONSE GRANT	SORG	G200484	FMRS	Treatment	\$165,641
STATE OPIOID RESPONSE GRANT	SORG	G190737	Harrison County FRN	Prevention	\$396,509
STATE OPIOID RESPONSE GRANT	SORG		Marshall University Research Corp.	Treatment	\$3,192,700
STATE OPIOID RESPONSE GRANT	SORG	G200509	Marshall University Research Corp.	Recovery	\$37,740
STATE OPIOID RESPONSE GRANT	SORG	G200507	Marshall University Research Corp.	Recovery	\$140,399
STATE OPIOID RESPONSE GRANT	SORG	G200505	Marshall University Research Corp.	Treatment	\$122,687
STATE OPIOID RESPONSE GRANT	SORG	G200485	Northwood Health Systems inc	Treatment	\$85,174
STATE OPIOID RESPONSE GRANT	SORG	G200493	Partnership of African Am Churches	Treatment	\$189,814
STATE OPIOID RESPONSE GRANT	SORG	G190733	Potomac Highlands	Prevention	\$336,509
STATE OPIOID RESPONSE GRANT	SORG	G200480	Potomac Highlands	Recovery	\$124,285
STATE OPIOID RESPONSE GRANT	SORG	G190734	Prestera Center	Prevention	\$526,576
STATE OPIOID RESPONSE GRANT	SORG	G200510	Prestera Center	Recovery	\$22,869
STATE OPIOID RESPONSE GRANT	SORG	G200486	Prestera Center	Treatment	\$37,609
STATE OPIOID RESPONSE GRANT	SORG	G200487	Seneca Health Services Inc	Treatment	\$74,987



Table 2					
Grant Name/ Year	Short Title	Grantee Grant Number	Funding Recipient (SubGrantee)	Purpose for Allocation Prevention/Treatment/Recovery	Amount Allocated
STATE OPIOID RESPONSE GRANT	SORG	G200508	Southern Highlands Comm MH Center	Recovery	\$48,932
STATE OPIOID RESPONSE GRANT	SORG	G190749	The University of Charleston	Prevention	\$149,798
STATE OPIOID RESPONSE GRANT	SORG	G190735	Westbrook Health Services	Prevention	\$336,509
STATE OPIOID RESPONSE GRANT	SORG	G200488	Westbrook Health Services	Treatment	\$158,439
STATE OPIOID RESPONSE GRANT	SORG	G200482	Westbrook Health Services	Recovery	\$126,376
STATE OPIOID RESPONSE GRANT	SORG	G200490	West Virginia Sober Living	Recovery	\$71,483
STATE OPIOID RESPONSE GRANT	SORG	G190770	West Virginia University Research Corp.	Treatment	\$503,821
STATE OPIOID RESPONSE GRANT	SORG	G200483	West Virginia University Research Corp.	Recovery	\$90,870
STATE OPIOID RESPONSE GRANT	SORG	G200489	West Virginia University Research Corp.	Treatment	\$142,794
STATE OPIOID RESPONSE GRANT	SORG	G190739	WV Division of Corrections & Rehabilitation	Treatment	\$1,934,910
STATE OPIOID RESPONSE GRANT	SORG	G200463	WV Health Right Inc	Treatment	\$147,991
STATE OPIOID RESPONSE GRANT	SORG		WV School of Osteopathic Medicine	Treatment	\$864,600
STATE OPIOID RESPONSE GRANT	SORG		WV School of Osteopathic Medicine	Treatment	\$600,000
STATE OPIOID RESPONSE GRANT	SORG	G200494	WVSOM Clinic inc Robert C Byrd Clinic	Treatment	\$124,930
STATE OPIOID RESPONSE GRANT	SORG		WVU	Treatment	\$3,042,700
STATE OPIOID RESPONSE GRANT	SORG		WVU	Treatment	\$93,734
STATE OPIOID RESPONSE GRANT	SORG		WVU	Treatment	\$80,251
STATE OPIOID RESPONSE GRANT	SORG	G190738	Youth Services System	Prevention	\$336,509
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G190847	Beckley Raleigh County Health Dept	Prevention	\$10,000
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G180719	Berkeley Morgan County Board of Health	Prevention	\$29,918
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G180830	Berkeley Morgan County Board of Health	Prevention	\$66,516
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G180730	Brooke Co Health Dept	Prevention	\$55,000
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G180831	Brooke Co Health Dept	Prevention	\$23,922
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G180726	Cabell Huntington Health Dept	Prevention	\$57,450
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G180832	Cabell Huntington Health Dept	Prevention	\$124,051
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G190798	Community Access	Prevention	\$87,700
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G170889	Community Connections	Prevention	\$250,000
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G180809	Community Connections	Prevention	\$250,000
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO		Connecticut Community for Addition Recovery Inc	Recovery	\$53,413
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G180722	Fayette Co Health Dept	Prevention	\$30,300
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G180833	Fayette Co Health Dept	Prevention	\$65,000
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G180760	FMRS	Recovery	\$1,215
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G180795	FMRS	Recovery	\$120,000
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G190848	Grafton Taylor Co Health Dept	Prevention	\$24,000
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G180718	Greenbrier Co Health Dept	Prevention	\$56,141
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G180834	Greenbrier Co Health Dept	Prevention	\$165,000
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G180775	Greenbrier Physicians Inc	Recovery	\$40,000
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G180724	Hampshire Co Health Dept	Prevention	\$18,374
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G180835	Hampshire Co Health Dept	Prevention	\$29,000
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G180762	Hampshire County Pathways Inc	Recovery	\$2,252



Table 2					
Grant Name/ Year	Short Title	Grantee Grant Number	Funding Recipient (SubGrantee)	Purpose for Allocation Prevention/Treatment/Recovery	Amount Allocated
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G180798	Hampshire County Pathways Inc	Recovery	\$80,000
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G180723	Harrison Clarksburg Health Dept	Prevention	\$65,000
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G180836	Harrison Clarksburg Health Dept	Prevention	\$125,000
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G180797	Harrison County Commission	Recovery	\$40,000
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G180799	Heart 2 Heart Volunteers Inc	Recovery	\$120,000
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G190849	Jackson Co Health Dept	Prevention	\$10,000
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G180721	Jefferson Co Health Dept	Prevention	\$22,797
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G180837	Jefferson Co Health Dept	Prevention	\$60,000
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G180720	Kanawha Charleston health Dept	Prevention	\$45,047
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G190850	Lewis Co Health Dept	Prevention	\$17,000
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G180777	Lifeshouse Inc	Recovery	\$1,259
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G180807	Lifeshouse Inc	Recovery	\$40,000
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G190851	Marion County Health Dept	Prevention	\$15,422
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO		Meaningful Trainings	Treatment	\$25,675
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G180727	Milan Puskar Health Right Inc	Prevention	\$17,441
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G180800	Milan Puskar Health Right Inc	Prevention	\$40,000
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G180838	Milan Puskar Health Right Inc	Prevention	\$36,956
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G180778	Morgantown Sober Living Inc	Recovery	\$20,017
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G180801	Morgantown Sober Living Inc	Recovery	\$160,000
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO		Optuminsight Inc	Surveillance	\$96,480
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G180765	Potomac Highlands	Recovery	\$6,667
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G180802	Potomac Highlands	Recovery	\$40,000
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G180803	Prestera Center	Recovery	\$240,000
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G180767	Recovery Point of Huntington Inc	Recovery	\$8,288
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G180804	Recovery Point of Huntington Inc	Recovery	\$480,000
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G180768	Seneca Health Services Inc	Recovery	\$2,461
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G180805	Seneca Health Services Inc	Recovery	\$240,000
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G190822	The University of Charleston	Prevention	\$1,002,110
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G180770	Tug River Health Association Inc	Recovery	\$40,000
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G170879	West Virginia University Research Corp.	Treatment	\$889,991
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G180810	West Virginia University Research Corp.	Treatment	\$2,215,034
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G190764	WVAADC	Prevention	\$8,000
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G170884	WV Community Voices Inc	Treatment	\$760,000
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G180812	WV Community Voices Inc	Treatment	\$799,900
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G180811	WV Division of Corrections & Rehabilitation	Recovery	\$240,000
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G190762	WV Division of Corrections & Rehabilitation	Recovery	\$191,711
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G190852	WV Health Right Inc	Prevention	\$100,000
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO		WVU	Surveillance	\$196,037
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G180728	Wyoming Co Health Dept	Prevention	\$37,894
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G180839	Wyoming Co Health Dept	Prevention	\$100,000



Table 2					
Grant Name/ Year	Short Title	Grantee Grant Number	Funding Recipient (SubGrantee)	Purpose for Allocation Prevention/Treatment/Recovery	Amount Allocated
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G180779	Youth Advocate Programs Inc	Recovery	\$2,421
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G180808	Youth Advocate Programs Inc	Recovery	\$40,000
WV PARTNERSHIP FOR SUCCESS	WVPS	G170604	City of Clarksburg	Prevention	\$29,966
WV PARTNERSHIP FOR SUCCESS	WVPS	G180574	City of Clarksburg	Prevention	\$30,000
WV PARTNERSHIP FOR SUCCESS	WVPS	G170544	Community Connections	Prevention	\$278,268
WV PARTNERSHIP FOR SUCCESS	WVPS	G180575	Community Connections	Prevention	\$297,000
WV PARTNERSHIP FOR SUCCESS	WVPS	G190602	Community Connections	Prevention	\$323,422
WV PARTNERSHIP FOR SUCCESS	WVPS	G170545	Harrison County FRN	Prevention	\$247,000
WV PARTNERSHIP FOR SUCCESS	WVPS	G180576	Harrison County FRN	Prevention	\$297,000
WV PARTNERSHIP FOR SUCCESS	WVPS	G190603	Harrison County FRN	Prevention	\$323,422
WV PARTNERSHIP FOR SUCCESS	WVPS	G190737	Harrison County FRN	Prevention	\$30,000
WV PARTNERSHIP FOR SUCCESS	WVPS	G190605	Marshall University Research Corp.	Prevention	\$153,790
WV PARTNERSHIP FOR SUCCESS	WVPS	G190725	Marshall University Research Corp.	Prevention	\$25,000
WV PARTNERSHIP FOR SUCCESS	WVPS	G170541	Potomac Highlands	Prevention	\$157,807
WV PARTNERSHIP FOR SUCCESS	WVPS	G180571	Potomac Highlands	Prevention	\$297,000
WV PARTNERSHIP FOR SUCCESS	WVPS	G190597	Potomac Highlands	Prevention	\$323,422
WV PARTNERSHIP FOR SUCCESS	WVPS	G170542	Pretera Center	Prevention	\$247,000
WV PARTNERSHIP FOR SUCCESS	WVPS	G180572	Pretera Center	Prevention	\$236,956
WV PARTNERSHIP FOR SUCCESS	WVPS	G190598	Pretera Center	Prevention	\$323,422
WV PARTNERSHIP FOR SUCCESS	WVPS	G170543	Westbrook Health Services	Prevention	\$206,896
WV PARTNERSHIP FOR SUCCESS	WVPS	G180573	Westbrook Health Services	Prevention	\$199,746
WV PARTNERSHIP FOR SUCCESS	WVPS	G190599	Westbrook Health Services	Prevention	\$323,421
WV PARTNERSHIP FOR SUCCESS	WVPS	G170546	Youth Services System	Prevention	\$247,000
WV PARTNERSHIP FOR SUCCESS	WVPS	G180577	Youth Services System	Prevention	\$297,000
WV PARTNERSHIP FOR SUCCESS	WVPS	G190604	Youth Services System	Prevention	\$323,422
Prescription Drug Overdose Prevention for West Virginia	PDO-PfS	G160850	West Virginia Board of Pharmacy	Prevention	\$211,483
Prescription Drug Overdose Prevention for West Virginia	PDO-PfS	G180668	West Virginia Board of Pharmacy	Prevention	\$868,686
Prescription Drug Overdose Prevention for West Virginia	PDO-PfS	G190769	West Virginia Board of Pharmacy	Prevention	\$925,383
Prescription Drug Overdose Prevention for West Virginia	PDO-PfS	G160847	West Virginia University Research Corporation - School of Medicine	Prevention	\$372,540
Prescription Drug Overdose Prevention for West Virginia	PDO-PfS	G180715	West Virginia University Research Corporation - School of Medicine	Prevention	\$295,152
Prescription Drug Overdose Prevention for West Virginia	PDO-PfS	G190633	West Virginia University Research Corporation - School of Medicine	Prevention	\$337,873
Prescription Drug Overdose Prevention for West Virginia	PDO-PfS	G160811	West Virginia University Research Corporation - Injury Center	Prevention	\$345,389
Prescription Drug Overdose Prevention for West Virginia	PDO-PfS	G180713	West Virginia University Research Corporation - Injury Center	Prevention	\$324,358
Prescription Drug Overdose Prevention for West Virginia	PDO-PfS	G190744	West Virginia University Research Corporation - Injury Center	Prevention	\$298,580
Prescription Drug Overdose Prevention for West Virginia	PDO-PfS	G180335	West Virginia University Research Corporation - West Virginia	Prevention	\$60,000
Prescription Drug Overdose Prevention for West Virginia	PDO-PfS	G190533	West Virginia University Research Corporation - West Virginia	Prevention	\$60,000
CDC ES00S 9/1/2016 to 8/31/2017	OIMM	G170758	West Virginia University Research Corporation	Prevention	\$31,351
CDC ES00S 9/1/2017 TO 8/31/2018	OIMM	G180755	West Virginia University Research Corporation	Prevention	\$63,995
CDC ES00S 9/1/2018 to 8/31/2019	OIMM	G190740	West Virginia University Research Corporation	Prevention	\$63,995



Table 3				
County	Government	Non-Government	Total	Burden Ranking*
Barbour		\$ 370,261.54	\$ 370,261.54	37
Berkeley	\$ 48,216.81	\$ 432,302.01	\$ 480,518.82	4
Boone		\$ 787,959.10	\$ 787,959.10	6
Braxton		\$ 370,261.54	\$ 370,261.54	44
Brooke	\$ 78,922.00	\$ 523,508.87	\$ 602,430.87	23
Cabell	\$ 181,501.00	\$ 793,667.42	\$ 975,168.42	1
Calhoun	\$ 38,333.83	\$ 719,410.28	\$ 757,744.12	49
Clay		\$ 673,250.35	\$ 673,250.35	48
Doddridge		\$ 370,261.54	\$ 370,261.54	50
Fayette	\$ 325,300.00	\$ 705,050.70	\$ 1,030,350.70	5
Gilmer		\$ 370,261.54	\$ 370,261.54	54
Grant		\$ 335,225.38	\$ 335,225.38	46
Greenbrier	\$ 221,141.00	\$ 533,014.50	\$ 754,155.50	19
Hampshire	\$ 47,373.71	\$ 335,225.38	\$ 382,599.09	33
Hancock		\$ 523,508.87	\$ 523,508.87	17
Hardy		\$ 335,225.38	\$ 335,225.38	39
Harrison	\$ 190,000.00	\$ 570,261.54	\$ 760,261.54	7
Jackson	\$ 10,000.00	\$ 719,410.28	\$ 729,410.28	34
Jefferson	\$ 262,243.97	\$ 349,365.71	\$ 611,609.68	25
Kanawha	\$ 45,046.63	\$ 1,593,486.12	\$ 1,638,532.75	2
Lewis	\$ 17,000.00	\$ 370,261.54	\$ 387,261.54	28
Lincoln		\$ 470,122.90	\$ 470,122.90	8
Logan	\$ 231,760.00	\$ 1,076,624.62	\$ 1,308,384.62	16
Marion	\$ 15,422.00	\$ 370,261.54	\$ 385,683.54	12
Marshall		\$ 552,067.67	\$ 552,067.67	14
Mason		\$ 662,652.60	\$ 662,652.60	30
McDowell		\$ 991,618.37	\$ 991,618.37	15
Mercer		\$ 1,100,775.67	\$ 1,100,775.67	9
Mineral		\$ 335,225.38	\$ 335,225.38	26
Mingo		\$ 1,072,682.67	\$ 1,072,682.67	13
Monongalia	\$ 230,003.00	\$ 1,428,220.17	\$ 1,658,223.17	18
Monroe		\$ 681,683.70	\$ 681,683.70	42
Morgan	\$ 48,216.81	\$ 349,365.71	\$ 397,582.52	24
Nicholas		\$ 517,456.70	\$ 517,456.70	20
Ohio		\$ 552,067.67	\$ 552,067.67	21
Pendleton		\$ 335,225.38	\$ 335,225.38	41
Pleasants	\$ 38,333.83	\$ 596,080.62	\$ 634,414.45	52
Pocahontas		\$ 442,469.70	\$ 442,469.70	47
Preston		\$ 401,727.14	\$ 401,727.14	29
Putnam		\$ 653,250.35	\$ 653,250.35	11
Raleigh	\$ 10,000.00	\$ 767,515.70	\$ 777,515.70	3
Randolph		\$ 398,820.34	\$ 398,820.34	31
Ritchie	\$ 38,333.83	\$ 596,080.62	\$ 634,414.45	43
Roane	\$ 38,333.83	\$ 616,080.62	\$ 654,414.45	36



Table 3				
County	Government	Non-Government	Total	Burden Ranking*
Summers		\$ 681,683.70	\$ 681,683.70	35
Taylor	\$ 24,000.00	\$ 370,261.54	\$ 394,261.54	45
Tucker		\$ 370,261.54	\$ 370,261.54	51
Tyler		\$ 746,076.95	\$ 746,076.95	55
Upshur		\$ 401,727.14	\$ 401,727.14	40
Wayne		\$ 673,879.71	\$ 673,879.71	27
Webster		\$ 442,469.70	\$ 442,469.70	38
Wetzel		\$ 523,508.87	\$ 523,508.87	32
Wirt	\$ 38,333.83	\$ 596,080.62	\$ 634,414.45	53
Wood	\$ 38,333.83	\$ 618,933.68	\$ 657,267.51	10
Wyoming	\$ 137,893.90	\$ 994,985.37	\$ 1,132,879.27	22
	\$ 2,354,043.83	\$ 33,169,124.19	\$ 35,523,168.02	
Burden was calculated an aggregate score by ranking each county on overdose death, Medicaid members on MAT, residents with an opioid prescription greater than 7 days, and number of EMS runs associated with a suspected overdose by both crude number and per capita.				



Table 4						
Grant Name/ Year	Short Title	Grantee Grant Number	Funding Recipient (SubGrantee)	Purpose for Allocation Prevention/Treatment/ Recovery	Amount Allocated	Governmental/NonGovernmental Entity
PRESCRIPTION DRUG OPIOID OVERDOSE	PDOO	G180789	Community Connections	Prevention	\$93,468	Non-Governmental
PRESCRIPTION DRUG OPIOID OVERDOSE	PDOO	G180790	Marshall University Research Corp.	Prevention	\$96,117	Non-Governmental
PRESCRIPTION DRUG OPIOID OVERDOSE	PDOO	G180791	Potomac Highlands	Prevention	\$48,468	Non-Governmental
PRESCRIPTION DRUG OPIOID OVERDOSE	PDOO	G180794	Pretera Center	Prevention	\$5,239	Non-Governmental
PRESCRIPTION DRUG OPIOID OVERDOSE	PDOO	G190845	The University of Charleston	Prevention	\$209,186	Non-Governmental
PRESCRIPTION DRUG OPIOID OVERDOSE	PDOO	G180793	Westbrook Health Services	Prevention	\$22,853	Non-Governmental
PRESCRIPTION DRUG OPIOID OVERDOSE	PDOO	G180817	WV School of Osteopathic Medicine	Prevention	\$41,604	Non-Governmental
PRESCRIPTION DRUG OPIOID OVERDOSE	PDOO	G190698	WV School of Osteopathic Medicine	Prevention	\$23,638	Non-Governmental
PREVENTION FRAMEWORK PRESCRIPTION DRUGS	PFPD	G170880	Community Access	Prevention	\$26,528	Non-Governmental
PREVENTION FRAMEWORK PRESCRIPTION DRUGS	PFPD	G180055	Community Access	Prevention	\$98,418	Non-Governmental
PREVENTION FRAMEWORK PRESCRIPTION DRUGS	PFPD	G190361	Community Access	Prevention	\$114,431	Non-Governmental
PREVENTION FRAMEWORK PRESCRIPTION DRUGS	PFPD	G170872	Community Connections	Prevention	\$21,550	Non-Governmental
PREVENTION FRAMEWORK PRESCRIPTION DRUGS	PFPD	G180057	Community Connections	Prevention	\$44,000	Non-Governmental
PREVENTION FRAMEWORK PRESCRIPTION DRUGS	PFPD	G190362	Community Connections	Prevention	\$126,038	Non-Governmental
PREVENTION FRAMEWORK PRESCRIPTION DRUGS	PFPD	G170873	Harrison County FRN	Prevention	\$8,065	Non-Governmental
PREVENTION FRAMEWORK PRESCRIPTION DRUGS	PFPD	G180078	Harrison County FRN	Prevention	\$44,000	Non-Governmental
PREVENTION FRAMEWORK PRESCRIPTION DRUGS	PFPD	G190363	Harrison County FRN	Prevention	\$21,550	Non-Governmental
PREVENTION FRAMEWORK PRESCRIPTION DRUGS	PFPD	G180683	Marshall University Research Corp.	Prevention	\$93,500	Non-Governmental
PREVENTION FRAMEWORK PRESCRIPTION DRUGS	PFPD	G190364	Marshall University Research Corp.	Prevention	\$113,269	Non-Governmental
PREVENTION FRAMEWORK PRESCRIPTION DRUGS	PFPD	G170869	Potomac Highlands	Prevention	\$21,550	Non-Governmental
PREVENTION FRAMEWORK PRESCRIPTION DRUGS	PFPD	G180050	Potomac Highlands	Prevention	\$44,000	Non-Governmental
PREVENTION FRAMEWORK PRESCRIPTION DRUGS	PFPD	G190358	Potomac Highlands	Prevention	\$21,550	Non-Governmental
PREVENTION FRAMEWORK PRESCRIPTION DRUGS	PFPD	G170870	Pretera Center	Prevention	\$15,000	Non-Governmental
PREVENTION FRAMEWORK PRESCRIPTION DRUGS	PFPD	G180051	Pretera Center	Prevention	\$76,406	Non-Governmental
PREVENTION FRAMEWORK PRESCRIPTION DRUGS	PFPD	G190359	Pretera Center	Prevention	\$21,550	Non-Governmental
PREVENTION FRAMEWORK PRESCRIPTION DRUGS	PFPD	G170871	Westbrook Health Services	Prevention	\$21,550	Non-Governmental
PREVENTION FRAMEWORK PRESCRIPTION DRUGS	PFPD	G180053	Westbrook Health Services	Prevention	\$44,000	Non-Governmental
PREVENTION FRAMEWORK PRESCRIPTION DRUGS	PFPD	G190360	Westbrook Health Services	Prevention	\$21,550	Non-Governmental
PREVENTION FRAMEWORK PRESCRIPTION DRUGS	PFPD	G170881	WV Medical Professional Health Program	Prevention	\$20,000	Non-Governmental
PREVENTION FRAMEWORK PRESCRIPTION DRUGS	PFPD	G180088	WV Medical Professional Health Program	Prevention	\$20,000	Non-Governmental
PREVENTION FRAMEWORK PRESCRIPTION DRUGS	PFPD	G170874	Youth Services System	Prevention	\$21,550	Non-Governmental
PREVENTION FRAMEWORK PRESCRIPTION DRUGS	PFPD	G180079	Youth Services System	Prevention	\$44,000	Non-Governmental
PREVENTION FRAMEWORK PRESCRIPTION DRUGS	PFPD	G190365	Youth Services System	Prevention	\$21,550	Non-Governmental
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G170536	Community Connections	Prevention	\$384,731	Non-Governmental
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G180523	Community Connections	Prevention	\$352,231	Non-Governmental
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G190448	Community Connections	Prevention	\$396,482	Non-Governmental
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G170600	FMRS	Treatment	\$867,017	Non-Governmental
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G180506	FMRS	Treatment	\$862,457	Non-Governmental
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G190519	FMRS	Treatment	\$280,000	Non-Governmental
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G190555	FMRS	Recovery	\$670,000	Non-Governmental
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G170539	Harrison County FRN	Prevention	\$364,107	Non-Governmental
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G180534	Harrison County FRN	Prevention	\$364,107	Non-Governmental
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G190449	Harrison County FRN	Prevention	\$433,485	Non-Governmental
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G170602	Healthways	Treatment	\$532,809	Non-Governmental
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G180504	Healthways	Treatment	\$637,500	Non-Governmental
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G190554	Healthways	Treatment	\$318,750	Non-Governmental
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G170599	Logan Mingo Area Mental Health	Recovery	\$441,461	Non-Governmental



Table 4						
Grant Name/ Year	Short Title	Grantee Grant Number	Funding Recipient (SubGrantee)	Purpose for Allocation Prevention/Treatment/ Recovery	Amount Allocated	Governmental/NonGovernmental Entity
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G180507	Logan Mingo Area Mental Health	Treatment	\$437,754	Non-Governmental
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G190556	Logan Mingo Area Mental Health	Treatment	\$221,875	Non-Governmental
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G170588	Mid Ohio Valley Fellowship Home	Recovery	\$85,000	Non-Governmental
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G180519	Mid Ohio Valley Fellowship Home	Recovery	\$85,000	Non-Governmental
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G190565	Mid Ohio Valley Fellowship Home	Recovery	\$85,000	Non-Governmental
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G190543	Oxford house	Recovery	\$127,500	Non-Governmental
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G170535	Potomac Highlands	Prevention	\$222,840	Non-Governmental
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G170598	Potomac Highlands	Treatment	\$115,634	Non-Governmental
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G180508	Potomac Highlands	Treatment	\$249,393	Non-Governmental
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G180530	Potomac Highlands	Prevention	\$200,213	Non-Governmental
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G190520	Potomac Highlands	Treatment	\$280,000	Non-Governmental
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G190445	Potomac Highlands	Prevention	\$282,966	Non-Governmental
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G170597	Pretera Center	Treatment	\$745,822	Non-Governmental
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G170536	Pretera Center	Prevention	\$393,655	Non-Governmental
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G180509	Pretera Center	Recovery	\$908,540	Non-Governmental
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G180531	Pretera Center	Prevention	\$263,015	Non-Governmental
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G190501	Pretera Center	Treatment	\$280,000	Non-Governmental
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G190446	Pretera Center	Prevention	\$506,478	Non-Governmental
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G190557	Pretera Center	Recovery	\$365,000	Non-Governmental
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G170583	Rea of Hope	Recovery	\$170,000	Non-Governmental
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G180522	Rea of Hope	Recovery	\$170,000	Non-Governmental
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G190568	Rea of Hope	Recovery	\$170,000	Non-Governmental
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G170489	Religious Coalition for Community Renewal	Recovery	\$121,704	Non-Governmental
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G180524	Religious Coalition for Community Renewal	Recovery	\$129,090	Non-Governmental
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G190570	Religious Coalition for Community Renewal	Recovery	\$142,488	Non-Governmental
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G170595	Southern Highlands Comm MHC Center	Treatment	\$443,751	Non-Governmental
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G180511	Southern Highlands Comm MHC Center	Treatment	\$736,820	Non-Governmental
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G190558	Southern Highlands Comm MHC Center	Treatment	\$421,875	Non-Governmental
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G170594	United Summit Center Inc	Treatment	\$164,778	Non-Governmental
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G180512	United Summit Center Inc	Treatment	\$280,000	Non-Governmental
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G190559	United Summit Center Inc	Treatment	\$200,000	Non-Governmental
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G190521	United Summit Center Inc	Treatment	\$280,000	Non-Governmental
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G170593	Valley Comprehensive Comm MHC Inc	Recovery	\$443,751	Non-Governmental
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G180619	Valley Comprehensive Comm MHC Inc	Recovery	\$105,000	Non-Governmental
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G180513	Valley Comprehensive Comm MHC Inc	Treatment	\$443,751	Non-Governmental
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G190560	Valley Comprehensive Comm MHC Inc	Treatment	\$526,875	Non-Governmental
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G170537	Westbrook Health Services	Prevention	\$168,599	Non-Governmental
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G170592	Westbrook Health Services	Prevention	\$965,387	Non-Governmental
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G180515	Westbrook Health Services	Prevention	\$1,033,751	Non-Governmental
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G180532	Westbrook Health Services	Treatment	\$147,394	Non-Governmental
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G190447	Westbrook Health Services	Prevention	\$187,967	Non-Governmental
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G190522	Westbrook Health Services	Prevention	\$280,000	Non-Governmental
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G190561	Westbrook Health Services	Treatment	\$576,875	Non-Governmental
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G170540	Youth Services System	Prevention	\$115,278	Non-Governmental
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G170579	Youth Services System	Treatment	\$280,000	Non-Governmental
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G180528	Youth Services System	Treatment	\$280,000	Non-Governmental
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G180535	Youth Services System	Prevention	\$105,278	Non-Governmental



Table 4						
Grant Name/ Year	Short Title	Grantee Grant Number	Funding Recipient (SubGrantee)	Purpose for Allocation Prevention/Treatment/ Recovery	Amount Allocated	Governmental/NonGovernmental Entity
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G190450	Youth Services System	Prevention	\$132,624	Non-Governmental
SUBSTANCE ABUSE PREVENTION & TREATMENT	SAPT	G190524	Youth Services System	Treatment	\$280,000	Non-Governmental
STATE OPIOID RESPONSE GRANT	SORG	G200503	CAMC Health Education & Research Inst	Treatment	\$135,188	Non-Governmental
STATE OPIOID RESPONSE GRANT	SORG	G200515	Chesapeake Healthcare Center LLC	Treatment	\$105,953	Non-Governmental
STATE OPIOID RESPONSE GRANT	SORG	G190691	Community Access	Surveillance	\$99,870	Non-Governmental
STATE OPIOID RESPONSE GRANT	SORG	G190736	Community Connections	Prevention	\$336,509	Non-Governmental
STATE OPIOID RESPONSE GRANT	SORG	G200484	FMRS	Treatment	\$165,641	Non-Governmental
STATE OPIOID RESPONSE GRANT	SORG	G190737	Harrison County FRN	Prevention	\$396,509	Non-Governmental
STATE OPIOID RESPONSE GRANT	SORG		Marshall University Research Corp.	Treatment	\$3,192,700	Non-Governmental
STATE OPIOID RESPONSE GRANT	SORG	G200509	Marshall University Research Corp.	Recovery	\$37,740	Non-Governmental
STATE OPIOID RESPONSE GRANT	SORG	G200507	Marshall University Research Corp.	Recovery	\$140,399	Non-Governmental
STATE OPIOID RESPONSE GRANT	SORG	G200505	Marshall University Research Corp.	Treatment	\$122,687	Non-Governmental
STATE OPIOID RESPONSE GRANT	SORG	G200485	Northwood Health Systems Inc	Treatment	\$85,174	Non-Governmental
STATE OPIOID RESPONSE GRANT	SORG	G200493	Partnership of African Am Churches	Treatment	\$189,614	Non-Governmental
STATE OPIOID RESPONSE GRANT	SORG	G190733	Potomac Highlands	Prevention	\$336,509	Non-Governmental
STATE OPIOID RESPONSE GRANT	SORG	G200480	Potomac Highlands	Recovery	\$124,285	Non-Governmental
STATE OPIOID RESPONSE GRANT	SORG	G190734	Prestera Center	Prevention	\$526,576	Non-Governmental
STATE OPIOID RESPONSE GRANT	SORG	G200510	Prestera Center	Recovery	\$22,869	Non-Governmental
STATE OPIOID RESPONSE GRANT	SORG	G200486	Prestera Center	Treatment	\$37,609	Non-Governmental
STATE OPIOID RESPONSE GRANT	SORG	G200487	Seneca Health Services Inc	Treatment	\$74,987	Non-Governmental
STATE OPIOID RESPONSE GRANT	SORG	G200508	Southern Highlands Comm MH Center	Recovery	\$48,932	Non-Governmental
STATE OPIOID RESPONSE GRANT	SORG	G190749	The University of Charleston	Prevention	\$149,798	Non-Governmental
STATE OPIOID RESPONSE GRANT	SORG	G190735	Westbrook Health Services	Prevention	\$336,509	Non-Governmental
STATE OPIOID RESPONSE GRANT	SORG	G200488	Westbrook Health Services	Treatment	\$158,439	Non-Governmental
STATE OPIOID RESPONSE GRANT	SORG	G200482	Westbrook Health Services	Recovery	\$126,376	Non-Governmental
STATE OPIOID RESPONSE GRANT	SORG	G200490	West Virginia Sober Living	Recovery	\$71,483	Non-Governmental
STATE OPIOID RESPONSE GRANT	SORG	G200463	WV Health Right Inc	Treatment	\$147,991	Non-Governmental
STATE OPIOID RESPONSE GRANT	SORG		WV School of Osteopathic Medicine	Treatment	\$864,600	Non-Governmental
STATE OPIOID RESPONSE GRANT	SORG		WV School of Osteopathic Medicine	Treatment	\$600,000	Non-Governmental
STATE OPIOID RESPONSE GRANT	SORG	G200494	WVSOM Clinic Inc Robert C Byrd Clinic	Treatment	\$124,930	Non-Governmental
STATE OPIOID RESPONSE GRANT	SORG	G190738	Youth Services System	Prevention	\$336,509	Non-Governmental
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G190798	Community Access	Prevention	\$87,700	Non-Governmental
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G170889	Community Connections	Prevention	\$250,000	Non-Governmental
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G180809	Community Connections	Prevention	\$250,000	Non-Governmental
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO		Connecticut Community for Addiction Recovery Inc	Recovery	\$53,413	Non-Governmental
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G180760	FMRS	Recovery	\$1,215	Non-Governmental
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G180795	FMRS	Recovery	\$120,000	Non-Governmental
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G180775	Greenbrier Physicians Inc	Recovery	\$40,000	Non-Governmental
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G180762	Hampshire County Pathways Inc	Recovery	\$2,252	Non-Governmental
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G180798	Hampshire County Pathways Inc	Recovery	\$80,000	Non-Governmental
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G180797	Harrison County Commission	Recovery	\$40,000	Non-Governmental
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G180799	Heart 2 Heart Volunteers Inc	Recovery	\$120,000	Non-Governmental
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G180777	Lifeshouse Inc	Recovery	\$1,259	Non-Governmental
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G180807	Lifeshouse Inc	Recovery	\$40,000	Non-Governmental
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO		Meaningful Trainings	Treatment	\$25,675	Non-Governmental
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G180727	Milan Puskar Health Right Inc	Prevention	\$17,441	Non-Governmental
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G180800	Milan Puskar Health Right Inc	Prevention	\$40,000	Non-Governmental



Table 4						
Grant Name/ Year	Short Title	Grantee Grant Number	Funding Recipient (SubGrantee)	Purpose for Allocation Prevention/Treatment/ Recovery	Amount Allocated	Governmental/NonGovernmental Entity
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G180838	Milan Puskar Health Right Inc	Prevention	\$36,956	Non-Governmental
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G180778	Morgantown Sober Living Inc	Recovery	\$20,017	Non-Governmental
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G180801	Morgantown Sober Living Inc	Recovery	\$160,000	Non-Governmental
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO		Optuminsight Inc	Surveillance	\$96,480	Non-Governmental
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G180765	Potomac Highlands	Recovery	\$6,667	Non-Governmental
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G180802	Potomac Highlands	Recovery	\$40,000	Non-Governmental
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G180803	Pretera Center	Recovery	\$240,000	Non-Governmental
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G180767	Recovery Point of Huntington Inc	Recovery	\$8,288	Non-Governmental
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G180804	Recovery Point of Huntington Inc	Recovery	\$480,000	Non-Governmental
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G180768	Seneca Health Services Inc	Recovery	\$2,461	Non-Governmental
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G180805	Seneca Health Services Inc	Recovery	\$240,000	Non-Governmental
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G190822	The University of Charleston	Prevention	\$1,002,110	Non-Governmental
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G180770	Tug River Health Association Inc	Recovery	\$40,000	Non-Governmental
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G190764	WVAADC	Prevention	\$8,000	Non-Governmental
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G170884	WV Community Voices Inc	Treatment	\$760,000	Non-Governmental
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G180812	WV Community Voices Inc	Treatment	\$799,900	Non-Governmental
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G190852	WV Health Right Inc	Prevention	\$100,000	Non-Governmental
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G180779	Youth Advocate Programs Inc	Recovery	\$2,421	Non-Governmental
STATE TARGETED RESPONSE TO THE OPIOID CRISIS	STRO	G180808	Youth Advocate Programs Inc	Recovery	\$40,000	Non-Governmental
WV PARTNERSHIP FOR SUCCESS	WVPS	G170604	City of Clarksburg	Prevention	\$29,966	Non-Governmental
WV PARTNERSHIP FOR SUCCESS	WVPS	G180574	City of Clarksburg	Prevention	\$30,000	Non-Governmental
WV PARTNERSHIP FOR SUCCESS	WVPS	G170544	Community Connections	Prevention	\$278,268	Non-Governmental
WV PARTNERSHIP FOR SUCCESS	WVPS	G180575	Community Connections	Prevention	\$297,000	Non-Governmental
WV PARTNERSHIP FOR SUCCESS	WVPS	G190602	Community Connections	Prevention	\$323,422	Non-Governmental
WV PARTNERSHIP FOR SUCCESS	WVPS	G170545	Harrison County FRN	Prevention	\$247,000	Non-Governmental
WV PARTNERSHIP FOR SUCCESS	WVPS	G180576	Harrison County FRN	Prevention	\$297,000	Non-Governmental
WV PARTNERSHIP FOR SUCCESS	WVPS	G190603	Harrison County FRN	Prevention	\$323,422	Non-Governmental
WV PARTNERSHIP FOR SUCCESS	WVPS	G190737	Harrison County FRN	Prevention	\$30,000	Non-Governmental
WV PARTNERSHIP FOR SUCCESS	WVPS	G190605	Marshall University Research Corp.	Prevention	\$153,790	Non-Governmental
WV PARTNERSHIP FOR SUCCESS	WVPS	G190725	Marshall University Research Corp.	Prevention	\$25,000	Non-Governmental
WV PARTNERSHIP FOR SUCCESS	WVPS	G170541	Potomac Highlands	Prevention	\$157,807	Non-Governmental
WV PARTNERSHIP FOR SUCCESS	WVPS	G180571	Potomac Highlands	Prevention	\$297,000	Non-Governmental
WV PARTNERSHIP FOR SUCCESS	WVPS	G190597	Potomac Highlands	Prevention	\$323,422	Non-Governmental
WV PARTNERSHIP FOR SUCCESS	WVPS	G170542	Pretera Center	Prevention	\$247,000	Non-Governmental
WV PARTNERSHIP FOR SUCCESS	WVPS	G180572	Pretera Center	Prevention	\$236,956	Non-Governmental
WV PARTNERSHIP FOR SUCCESS	WVPS	G190598	Pretera Center	Prevention	\$323,422	Non-Governmental
WV PARTNERSHIP FOR SUCCESS	WVPS	G170543	Westbrook Health Services	Prevention	\$206,896	Non-Governmental
WV PARTNERSHIP FOR SUCCESS	WVPS	G180573	Westbrook Health Services	Prevention	\$199,746	Non-Governmental
WV PARTNERSHIP FOR SUCCESS	WVPS	G190599	Westbrook Health Services	Prevention	\$323,421	Non-Governmental
WV PARTNERSHIP FOR SUCCESS	WVPS	G170546	Youth Services System	Prevention	\$247,000	Non-Governmental
WV PARTNERSHIP FOR SUCCESS	WVPS	G180577	Youth Services System	Prevention	\$297,000	Non-Governmental
WV PARTNERSHIP FOR SUCCESS	WVPS	G190604	Youth Services System	Prevention	\$323,422	Non-Governmental
					\$43,403,371	



# **Exhibit 2**



IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA

\* \* \* \* \*

THE CITY OF HUNTINGTON,

Plaintiff,

vs.

CIVIL ACTION  
NO. 3:17-01362

AMERISOURCEBERGEN DRUG  
CORPORATION, et al.,  
Defendants.

-----  
CABELL COUNTY COMMISSION,  
Plaintiff,

vs.

CIVIL ACTION  
NO. 3:17-01665

AMERISOURCEBERGEN DRUG  
CORPORATION, et al.,  
  
Defendants.

\* \* \* \* \*

Videotaped and videoconference deposition  
of STEVE WILLIAMS taken by the Defendants under the  
Federal Rules of Civil Procedure in the above-  
entitled action, pursuant to notice, before Teresa  
S. Evans, a Registered Merit Reporter, at the  
Mountain Health Arena, One Civic Center Plaza,  
Huntington, West Virginia, on the 30th day of June,  
2020.



1           A. That's when I -- 2014 is when I realized  
2       there was a -- there was a heavy opioid problem. I  
3       didn't realize until later that there had been such  
4       a large amount of opioid tablets that had been  
5       distributed and opioid pills that had been  
6       distributed to our county and city.

7           And -- so 2014 is when I became aware  
8       of the opioid problem. I can't state a specific  
9       time as to when I realized the light turned on, we  
10      have an overwhelming number of pills that have been  
11      distributed here, and that that led to the extent  
12      of the opioid epidemic.

13          Q. Did you know about the lawsuit that the  
14      Attorney General's office filed against Cardinal  
15      Health and AmerisourceBergen in 2012?

16          A. I obviously -- evidently I -- I don't re --  
17      I must have known about it, because it was high  
18      profile. But it wasn't something that I dwelt on,  
19      and it was not -- as we were having conversations  
20      about what we were dealing with in Huntington, it  
21      -- my impression was it was a southern West  
22      Virginia phenomenon.

23                  I kept remembering Oxyana and that and  
24      remember how U.S. Attorney Booth Goodwin was so



1 active in that, but it was down there. And it  
2 wasn't until 2014 that I started seeing where we  
3 were having a problem with opioids, but I still  
4 didn't connect what I was hearing about what was  
5 happening in southern West Virginia as actually  
6 also happening here.

7 Q. And if I -- so if I understand you  
8 correctly, you knew about the A. G. lawsuit, but  
9 you thought that it was not connected to what was  
10 happening in Huntington.

11 MS. KEARSE: Object to form.

12 A. I felt that what had happened, that the  
13 lawsuit was dealing with what was happening in  
14 southern West Virginia and didn't -- I did not  
15 believe that there was a proliferation of pills  
16 being dropped -- dumped upon our -- on our county,  
17 and I don't remember specifically when I became  
18 aware of the enormous number of pills that were  
19 being distributed here.

20 In 2014, I knew an opioid problem; I  
21 did not know of a pill -- the extent of the pill  
22 problem started from prescription pills.

23 Q. Did you know that -- that that was what the  
24 A. G. lawsuit alleged? In other words, that the



1 A. Oh, yes.

2 Q. Why then doesn't the City dip into its  
3 general budget to pay for that?

4 A. Because if we're going to help them, we'll  
5 find grant money to assist them. And we have a  
6 police department budget that we're funding at the  
7 highest level that has ever been funded. Now the  
8 fire department budget, public works budget is --  
9 is strained for public works needs.

10 We're needing assistance in addressing  
11 the opioid epidemic. We are very aggressive in our  
12 pursuit of grant funding.

13 Q. Has the City found the grant funding that  
14 it needs to provide opioid treatment?

15 A. We've found some that is helpful, but  
16 there's always -- we're always looking for more.

17 Q. And I'll return to my question of earlier.  
18 If there is a need for more, then why doesn't the  
19 City allocate general budget funds for that?

20 A. Because we can find grants elsewhere.

21 Q. Does the City project a budget surplus in  
22 the 2021 budget?

23 A. We projected it, but the -- oh, '21 budget.  
24 Not the budget that we're just finishing.



# **Exhibit 3**



IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA

\*\*\*\*\*

THE CITY OF HUNTINGTON,

Plaintiff,

v. CIVIL ACTION NO 3:17-01362

AMERISOURCEBERGEN DRUG

CORPORATION, et al,

Defendants.

CABELL COUNTY COMMISSION,

Plaintiff,

vs.

AMERISOURCEBERGEN DRUG

CORPORATION, et al,

Defendants.

\*\*\*\*\*

Videotaped and videoconference deposition of BETH THOMPSON, taken by the Defendants pursuant to the West Virginia Federal Rules of Civil Procedure, in the above-entitled action, pursuant to notice, before Twyla Donathan, Registered Professional Reporter and Notary Public, at the Mountain Health Arena, One Civic Center Plaza, Huntington, West Virginia, on the 23rd day of July, 2020.



1           A     I would have -- we would have to go back  
2     and compare it for you, but -- I can't sit here and  
3     tell you right now.

4           Q     Has the county ever attempted to quantify  
5     what part of its law enforcement expenditures are  
6     related to the opioid problem?

7           A     No.

8           Q     So we've covered law enforcement, jail  
9     bill, and health insurance. Any other specific  
10    expenditures that the Commission believes are related  
11    to the opioid problem?

12          A     We can't think of any at the moment.

13          Q     Topic 10: Programs, actions that the  
14    county has taken to abate the opioid problem. What  
15    actions has the Commission taken to mitigate or abate  
16    the opioid problem in Cabell County?

17          A     Filed this lawsuit.

18          Q     Others?

19          A     No.

20          Q     Does the county provide any addiction  
21    treatment?

22          A     No.

23          Q     Has the county ever considered doing that?

24          A     No. It's not a part of county commission

1           Q     Does the Commission know when Beth Thompson  
2     became the county administrator?

3           A     July 2015.

4           Q     Since 2015, setting aside any executive  
5     session with council, has the Cabell County  
6     Commission discussed the opioid problem in a county  
7     commission meeting?

8           A     Yes.

9           Q     When?

10          A     It would have been prior to the lawsuit.

11          Q     What was the nature of the discussion?

12          A     Meeting with attorneys -- or having  
13     attorneys speak at the commission meeting.

14          Q     Okay. So at some point prior to the  
15     lawsuit, the County Commission discussed having  
16     attorneys speak at a commission meeting?

17          A     Correct.

18          Q     And was the intended purpose of that  
19     discussion to discuss this lawsuit?

20          A     Yes.

21          Q     Other than discussion of this lawsuit, has  
22     the Commission ever discussed the opioid problem at a  
23     county commission meeting?

24          A     I think you would have to go back and look



1 through all of our minutes to make sure, but I don't  
2 know of any.

3 Q Has any person attending a county  
4 commission meeting ever spoken to the Commission  
5 about the opioid problem? Again, setting aside  
6 attorneys.

7 A We can't recall right offhand.

8 Q What about other drugs? Has the County  
9 Commission ever discussed any drugs other than  
10 prescription opioids at a county commission meeting?

11 A Actually, we have had some of the directors  
12 from some of the recovery houses come from time to  
13 time just to talk about their program. But I don't  
14 know that they specifically mentioned any specific  
15 drugs.

16 Q What was the purpose of the Commission  
17 having those recovery house directors address the  
18 Commission?

19 A It wasn't something they requested.  
20 Typically, people will just come and sign in to speak  
21 and give updates on their programs, let the community  
22 know what's going on.

23 Q I misunderstood your answer. I thought you  
24 meant the Commission had asked for that. When

# **Exhibit 4**



IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA

\* \* \* \* \*

THE CITY OF HUNTINGTON,

Plaintiff,

vs.

CIVIL ACTION  
NO. 3:17-01362

AMERISOURCEBERGEN DRUG  
CORPORATION, et al.,  
Defendants.

\_\_\_\_\_  
CABELL COUNTY COMMISSION,  
Plaintiff,

vs.

CIVIL ACTION  
NO. 3:17-01665

AMERISOURCEBERGEN DRUG  
CORPORATION, et al.,  
Defendants.

\* \* \* \* \*

Videotaped and videoconference deposition  
of BILL CROUCH taken by the Defendants under the  
Federal Rules of Civil Procedure in the above-  
entitled action, pursuant to notice, before Teresa  
S. Evans, a Registered Merit Reporter, at DHHR Main  
Office, 1 Davis Square, Charleston, West Virginia,  
on the 25th day of August, 2020.

1 THE DEPONENT: Excuse me. I need  
2 something for my throat. Talking too much. Thank  
3 you.

4 A. I think there was about \$400,000 that was  
5 unobligated or left. But that money, I feel  
6 certain, is long gone at this point as well.

7 But with the original, I think it was  
8 22.6 or 22.8 million dollars. All but \$400,000  
9 went out to construction of -- of treatment beds.

10 Q. Let me ask you to open Exhibit 29.

11 A. Say it again? Sorry.

12 Q. Exhibit 29.

13 CROUCH DEPOSITION EXHIBIT NO. 29

14 (E-mail from Crouch to Bray and others  
15 Re: Internal and Deliberative/  
16 Confidential: Requested Materials  
17 dated 1-2-19 with attachment  
18 (MARSHALL\_FEDWV\_00374502-507) was  
19 marked for identification purposes as  
20 Crouch Deposition Exhibit No. 29.)

21 A. All right.

22 Q. I have a question in particular about the  
23 third page. Rather than have you read all the way  
24 through it, I can just direct you. There's one



1 line I want to ask you about. First as to the  
2 document in general, is this an e-mail from you to  
3 some personnel in the Governor's office dated  
4 January 2nd, 2019?

5 A. Yes.

6 Q. It says, "See attached information as per  
7 the request this morning. If you need anything  
8 further, or need any" additional "clarification on  
9 any of this, please let us know."

10 Is that right?

11 A. Yes.

12 Q. So then if you go to the third page past  
13 the map, there's a page that is titled "General  
14 Questions." do you see that?

15 A. Yes.

16 Q. And the first general question is: "What  
17 is the vacancy rate for West Virginia's inpatient  
18 treatment providers?" The answer given is: "The  
19 overall vacancy rate for West Virginia is  
20 approximately 25" to "30%."

21 Did I read that correctly?

22 A. That's correct.

23 Q. Is that consistent with your understanding?

24 A. Again, my recollection's -- I would accept

1 the document. Those rates varied over time, so  
2 yes.

3 Q. Do you know why 25 to 30 percent of the  
4 capacity in the State's inpatient treatment  
5 providers is -- is vacant?

6 A. The very part of it was distribution.  
7 That's one of the reasons why we tried to get  
8 treatment beds geographically placed throughout the  
9 State. We went for a time with no treatment beds  
10 in the eastern panhandle, and people in Charleston  
11 or Huntington or southern West Virginia don't  
12 really want to go to the panhandle to be treated,  
13 so that was a -- that was part of it.

14 And in some instances, we had  
15 available -- more beds per population in areas  
16 that -- that they were using at the time. Again,  
17 people want to stay in their community, but if you  
18 have enough beds in that particular community --  
19 because you get two or three providers, and again,  
20 the 400 and some beds we have were mostly private  
21 providers out there.

22 So the market kind of takes care of  
23 itself in a lot of these -- in a lot of these areas  
24 that we provide services, but sometimes it takes a



# **Exhibit 5**

IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA

\*\*\*\*\*

THE CITY OF HUNTINGTON,

Plaintiff,

v. CIVIL ACTION NO 3:17-01362

AMERISOURCEBERGEN DRUG

CORPORATION, et al,

Defendants.

CABELL COUNTY COMMISSION,

Plaintiff,

vs.

AMERISOURCEBERGEN DRUG

CORPORATION, et al,

Defendants.

\*\*\*\*\*

Videotaped and videoconference deposition of  
ROBERT BAILEY, taken by the Defendants pursuant to the  
West Virginia Federal Rules of Civil Procedure, in the  
above-entitled action, pursuant to notice, before Twyla  
Donathan, Registered Professional Reporter and Notary  
Public, at the Mountain Health Arena, One Civic Center  
Plaza, Huntington, West Virginia, on the 17th day of  
July, 2020.



1 Do you see that?

2 A Yes.

3 Q What did you mean by that?

4 A Well, she took \$3900 from Big Pharma in  
5 their campaign that she listed in her report. And I  
6 was very upset about it, and I didn't think she ought  
7 to be in Charleston trying to help the drug companies  
8 when we're not getting any help down in Cabell County  
9 from her whatsoever.

10 Q Is that Ms. Sobonya?

11 A Ms. Sobonya, yes. She took -- and I think  
12 Mr. Woefel, state senator, took money also.

13 Q Do you remember -- when you said here that  
14 Ms. Sobonya had taken money from Big Pharma, do you  
15 remember what companies you were referring to?

16 A No. I just got the report that it was Big  
17 Pharma. Now, it would be in her campaign report what  
18 company gave her the money. It might have been two  
19 or three of them together that gave her the \$3,900.

20 Q You can put that down, Commissioner.  
21 That's all I had on that.

22 Did you know -- or do you know Attorney  
23 General McGraw?

24 A Do I know McGraw?

1 Q Uh-huh.

2 A Yes, uh-huh.

3 Q Do you remember in 2012 when he filed a  
4 lawsuit on behalf of the state about the opioid  
5 issue?

6 A I remember, yeah, Mr. McGraw. I know he  
7 filed some lawsuits against them, yeah.

8 Q Did you know about that at the time when he  
9 filed it?

10 A I didn't know about it. I read about it.

11 Q You read about it. Do you remember what  
12 you knew about it at the time?

13 A Just that he had sued them because of  
14 dumping so many pills into West Virginia, you know.

15 Q At the time, did you think about whether  
16 the county ought to join in that lawsuit or file a  
17 lawsuit of its own?

18 A Not that I know of, no.

19 Q Why not? Why didn't the county consider  
20 filing a lawsuit, when you knew that Attorney General  
21 McGraw had filed one?

22 A Well, you know, I guess, I raised Cain  
23 about everything all the time. And I think at the  
24 time I had two republican commissioners who, you